


Idaho Department of Correction 	<b>Standard          Operating          Procedure</b>  <b>Operations          Division</b>  <b>Offender          Management</b>	<b>Control Number:</b> 322.02.01.003	<b>Version:</b> 2.0	<b>Page Number:</b> 1 of 17
		<b>Title:</b> Holds, Cautions, Concerns, and Considerations: Offender		<b>Adopted:</b> 7-14-2011  <b>Reviewed:</b> 7-14-2011

This document was approved by Jeff Zmuda, chief of the Prisons Division, on  
9/18/2015 (signature on file).

Open to the public:  Yes

#### BOARD OF CORRECTION IDAPA RULE NUMBER

None

#### POLICY CONTROL NUMBER 322

Transportation of Inmates outside Institutions/Transfers

#### DEFINITIONS

**Caution:** Additional considerations, approvals, or concerns that pertain to the efficient management of offenders.

**Medical Consideration:** Medical information that (1) needs to be taken into account for the purpose of determining needs or identifying risks so that a decision can be made, or (2) identifies an existing consideration.

**Mental Health Consideration:** Mental health information that (1) needs to be taken into account for the purpose of determining needs or identifying risks so that a decision can be made, or (2) identifies an existing consideration.

**Sex Offender Caution:** Information, conditions, authorizations, etc. that identify offenders who meet established sex offender criteria.

**Transportation Caution:** A situation or circumstance that would require consideration prior to facilitating the transfer of an offender from his current housing assignment (or facility) to another housing assignment (or facility).

**Transportation Hold:** A situation or circumstance that would require that an offender not be moved from his current housing assignment (or facility).

#### PURPOSE

The purpose of this standard operating procedure (SOP) is to establish procedures that guide employees to take into consideration hearings, programming, treatment, special classifications, safety, and the offender's health when making offender placement, move, or transport decisions.

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**SCOPE**

This SOP applies to all employees and contractors who process or are involved in any process related to offender placement, move, or transport decisions.

**RESPONSIBILITY**

***Deputy Chief of the Prisons Bureau***

The deputy chief of the Prisons Bureau (or if designated, the deputy warden of the Virtual Prisons Program) is responsible for overseeing and monitoring the provisions provided herein.

***Facilitators***

Facilitators (e.g., the Offender Placement Group, facility move coordinators, Central Records Unit Staff [located at Central Office], designated healthcare services staff members, and designated mental healthcare services staff members) will be responsible for:

- Reviewing submitted requests;
- Entering complete data into the Corrections Integrated System (CIS); and
- Conveying any information that may affect the placement, movement, or transport of an offender (e.g., programming or treatment issues, any medical or mental health considerations needed or found, or safety concerns).

***Initiators***

Initiators (e.g., approved IDOC staff members, healthcare services staff, mental health services staff, the Restrictive Housing Placement Committee, the Restrictive Housing Review Committee, the Idaho Sexual Offender Management Board, or IDOC Office of Professional Standards) will be responsible for:

- Completing and submitting to facilitators written requests to initiate an offender hold, caution, concern, or consideration (as described herein); and
- Conveying any information that may affect the placement, movement, or transport of an offender (e.g., programming or treatment issues, any medical or mental health considerations needed or found, or safety concerns).

**Note:** As mentioned above, appropriate IDOC staff may consist of facility managers, specific program managers or coordinators, instructors, or any staff member with first-hand knowledge of a situation or circumstance (as described herein) that might affect offender placement, move, or transport decisions.

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## GENERAL REQUIREMENTS

### 1. Transportation Holds

#### *Hold Categories*

Transportation holds consist of the following 10 categories, with each category having a specific initiator, facilitator, and end date:

**Civil Commitment** — When an individual has been placed in the custody of the Idaho Department of Correction (IDOC) by a court **and** placement is not subsequent to a criminal conviction.

- Initiator: Mental health services staff;
- Facilitator: The Offender Placement Group; and
- End date: As determined by court order.

**Facility Hold** — When the offender's situation or circumstance is such that the offender will not be moved out of the facility. (Compare to 'other' below.)

- Initiator: A staff member designated by facility management;
- Facilitator: The Offender Placement Group; and

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- End date: Cannot exceed 12 months.

**Medical Hold** — When the offender has been scheduled for an offsite medical or dental procedure **or** is receiving ongoing medical treatment and/or care.

- Initiator: Healthcare service staff;
- Facilitator: The Offender Placement Group; and
- End date: The date following the actual appointment **or** an estimated recovery time as determined by the attending healthcare professional.

**Mental Health Hold** — When the offender has been diagnosed with a mental health condition that would require stabilized housing and treatment.

- Initiator: Mental health service staff;
- Facilitator: The Offender Placement Group; and
- End date: Cannot exceed 12 months; however, the end date can be adjusted as the mental health condition of the offender warrants.

**Other** — When the offender's situation or circumstance is such that the offender will not be moved out of the facility. Written justification is required by the initiator. (Compare to 'facility hold' above.)

- Initiator: A staff member designated by facility management;
- Facilitator: The Offender Placement Group; and
- End date: Cannot exceed 12 months.

**Parole Hearing Officer Interview** — 45 days prior to the offender's scheduled parole hearing, the offender is held in place until the parole hearing officer interview is conducted.

- Initiator: A parole hearing officer;
- Facilitator: The Offender Placement Group; and
- End date: The date of the interview.

**Parole Hearing Schedule** — Three (3) months prior to the offender's scheduled parole hearing, the offender is held in place until the scheduled parole hearing.

- Initiator: The parole hearing scheduler;
- Facilitator: The Offender Placement Group; and
- End date: The date of the hearing.

**Sex Offender Treatment Program Participant** — When the offender is participating in a sex offender treatment program.

- Initiator: The program manager (or designee);
- Facilitator: The Offender Placement Group; and
- End date: The estimated program completion date.

**Vocational Program Participant** — When the offender is participating in a case plan-required vocational program.

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- Initiator: The instructor (or designee);
- Facilitator: The Offender Placement Group; and
- End date: The estimated program completion date.

### **Process Steps**

In accordance with the 10 'hold categories' described above, the identified initiator and facilitator shall process transportation holds in accordance with the following process steps:

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Initiator</b>	<b>1</b>	<ul style="list-style-type: none"> <li>• Complete appendix A, <a href="#">Transportation Hold Request Form</a>; and</li> <li>• Email it to the Offender Placement Group.</li> </ul>
<b>Offender Placement Group</b>	<b>2</b>	Review the completed <i>Transportation Hold Request Form</i> for accuracy and completeness. <b>Note: If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)</b>
Offender Placement Group	<b>3</b>	<b>Using the completed <i>Transportation Hold Request Form</i>, enter corresponding data into the Corrections Integrated System (CIS).</b>
Offender Placement Group	<b>4</b>	<ul style="list-style-type: none"> <li>• Complete the 'Offender Placement Group' section of the form; and</li> <li>• Save an electronic copy of the form.</li> </ul>

**For further assistance with CIS, see your designated CIS super user.**

## **2. Transportation Cautions**

### **Caution Categories**

Transportation cautions consist of the following 18 categories, with each category having a specific initiator, facilitator, and end date:

**Administrative Segregation** — When it is determined in accordance with SOP [319.02.01.001](#), *Restrictive Housing*, that the offender needs to be placed in administrative segregation.

- Initiator: The Restrictive Housing Placement Committee **or** Restrictive Housing Review Committee;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months. When the offender is released from administrative segregation, the end date must be updated to reflect that date.

**Boise Area Only** — When the offender has a special set of circumstances that require placement in the Boise area only.

- Initiator: Any IDOC staff member;

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- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months.

**Court Date Pending** — When the offender has been scheduled to appear in court.

- Initiator: Central Records Unit staff (located at Central Office);
- Facilitator: Central Records Unit staff (located at Central Office); and
- End date: The date the offender is scheduled to appear in court as described in the Notice to Appear court document. This date could also be the retained jurisdiction end date.

**Escape History** — When the offender has a documented escape from a secure facility or walk-away from a non-secure facility.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: The offender's full term release date (FTRD).

**Fire Crew** — When the offender is designated and certified for a fire crew, and the facility warrants a fire crew designation. (All designations and certifications must be current.)

- Initiator: A staff member designated by facility management;
- Facilitator: The facility move coordinator; and
- End date: The end date is based on the fire crew designation.

**Juvenile** — When the offender is under 18 years of age.

- Initiator: Central Records Unit staff (located at Central Office) or Reception/Diagnostic Unit (RDU) staff;
- Facilitator: Central Records Unit staff (located at Central Office) or the facility move coordinator; and
- End date: The date the offender turns 18 years of age.

**No East Boise Community Reentry Center (EB-CRC)** — The offender has a documented condition or circumstance that would not be conducive to placement in the EB-CRC.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months. (Exception, there is no end date for offenders with past or current sex offense convictions.)

**No Idaho Falls CRC (IF-CRC)** — The offender has a documented condition or circumstance that would not be conducive to placement in the IF-CRC.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and

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- End date: Cannot exceed 12 months. (Exception, there is no end date for offenders with past or current sex offense convictions.)

**No Nampa CRC (N-CRC)** — The offender has a documented condition or circumstance that would not be conducive to placement in the N-CRC.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months. (Exception, there is no end date for offenders with past or current sex offense convictions.)

**No South Idaho Correctional Institution CRC (SICI-CRC)** — The offender has a documented condition or circumstance that would not be conducive to placement in the SICI-CRC.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months. (Exception, there is no end date for offenders with past or current sex offense convictions.)

**No Work Camp** — The offender has a documented condition or circumstance that would not be conducive to placement in a work camp.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months.

**No Work Crew** — The offender has a documented condition or circumstance that would not be conducive to placement on a work crew.

- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months.

**Only a Facility with an Infirmary** — The offender has a documented condition that would require placement in a facility that has an infirmary.

- Initiator: Healthcare service staff;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months.

**Other** — When the offender's situation or circumstance is such that the offender will not be moved within or out of the facility. Written justification is required by the initiator.

- Initiator: Any IDOC staff member;
- Facilitator: The Offender Placement Group; and
- End date: Cannot exceed 12 months.

**Pocatello Area Only** — The offender has a special set of circumstances that require placement in the Pocatello area only.

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- Initiator: Any IDOC staff member;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months.

**Protective Custody** — When it is determined in accordance with SOP 319.02.01.001, *Restrictive Housing*, that the offender needs to be placed in protective custody.

- Initiator: The Restrictive Housing Placement Committee **or** Restrictive Housing Review Committee;
- Facilitator: The facility move coordinator; and
- End date: Cannot exceed 12 months. When the offender is released from protective custody, the end date must be updated to reflect that date.

**Return to an IDOC Facility** — When the offender must be returned to an IDOC facility by a predetermined date.

- Initiator: Any IDOC staff member;
- Facilitator: The Offender Placement Group; and
- End date: The predetermined date.

**Special Education** — When the offender is under the 21 years of age **and** meets the criteria for special education service.

- Initiator: The program coordinator (or designee);
- Facilitator: The facility move coordinator; and
- End date: The date the offender turns 21 years of age.

### **Process Steps**

In accordance with the 18 'caution categories' described above, the identified initiator and facilitator shall process transportation cautions in accordance with the following process steps:

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Initiator</b>	<b>1</b>	<ul style="list-style-type: none"> <li>• Complete appendix B, <i>Transportation Caution Request Form</i>; and</li> <li>• Email it to the designated facilitator described for the specific caution category.</li> </ul>
<b>Facilitator</b>	<b>2</b>	Review the completed <a href="#">Transportation Caution Request Form</a> for accuracy and completeness. <b>Note: If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)</b>
Facilitator	<b>3</b>	<b>Using the completed <i>Transportation Caution Request Form</i>, enter corresponding data into the Corrections Integrated System (CIS).</b>
Facilitator	<b>4</b>	<ul style="list-style-type: none"> <li>• Complete the 'facilitator' section of the form; and</li> <li>• Save an electronic copy of the form.</li> </ul>



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For further assistance with CIS, see your designated CIS super user.

### 3. Sex Offender Cautions

#### **Sex Offender Caution Categories**

Sex offender cautions consist of the following three (3) categories, with each category having a specific initiator, facilitator, and end date.

**Registerable Sex Offender** — When a person has been convicted of an offense listed in Idaho Code, section 18-8304; **or** any offense committed in another jurisdiction or state that the Idaho State Police (ISP) deems to be a registerable sex offense.

- Initiator: Central Records Unit staff (located at Central Office) **or** the Idaho Sex Offender Management Board;
- Facilitator: Central Records Unit staff (located at Central Office); and
- End date: None. (Still applies after FTRD)

**Sex Offender Past History** — When an offender has a prior conviction for a sex-related crime.

- Initiator: Any IDOC staff member;
- Facilitator: The Offender Placement Group; and
- End date: None. (Still applies after FTRD)

**Violent Sexual Predator (VSP)** — When a person has been designated a violent sexual predator by the Idaho Sexual Offender Classification Board where such designation has not been removed by judicial action or otherwise. (**Note:** Effective 7/1/11, the Sexual Offender Classification Board will be known as the Sexual Offender Management Board, **and** the VSP designation will no longer be made, but the caution must remain active in cases of already determined board designations.)

- Initiator: Idaho Sexual Offender Classification Board;
- Facilitator: The Offender Placement Group; and
- End date: None. (Still applies after FTRD)

#### **Process Steps**

In accordance with the three (3) 'sex offender caution categories' described above, the identified initiator and facilitator shall process sex offender cautions in accordance with the following process steps:

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Initiator</b>	<b>1</b>	<ul style="list-style-type: none"> <li>• Complete appendix C, <a href="#">Sex Offender Caution Request Form</a>; and</li> <li>• Email it to the designated facilitator described for the specific caution category.</li> </ul>
<b>Facilitator</b>	<b>2</b>	Review the completed <i>Sex Offender Caution Request Form</i> for accuracy and completeness.

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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
		<b>Note:</b> If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)
Facilitator	<b>3</b>	<b>Using the completed Sex Offender Caution Request Form, enter corresponding data into the Corrections Integrated System (CIS).</b>
Facilitator	<b>4</b>	<ul style="list-style-type: none"> <li>• Complete the 'facilitator' section of the form; and</li> <li>• Save an electronic copy of the form.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

#### 4. Other Cautions

##### **Other Caution Categories**

Other cautions consist of the following seven (7) categories, with each category having a specific initiator, facilitator, and end date.

**At-risk Offender (Prison Rape Elimination Act [PREA])** — The offender appears to be at an increased risk of being physically or sexually assaulted.

- Initiator: IDOC offender classification staff;
- Facilitator: The Offender Placement Group; and
- End date: Cannot exceed 12 months.

**No Contact Order** — The offender cannot have contact with a person, persons, or entity based on written order by a judicial, law enforcement, or IDOC-approved staff member.

- Initiator: Any facility head designated staff member **or** the IDOC victim services coordinator;
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD.

**Offender-to-Offender Correspondence** — The offender has approval from affected facilities to correspond with an offender(s) housed in a correctional facility **or** who is under supervised probation or parole.

- Initiator: The facility security manager (or designee);
- Facilitator: The Offender Placement Group; and
- End date: The end date is determined by the earliest FTRD of the offender(s) involved.

**Other** — Any condition or circumstance that does not fall into a category listed in this section.

- Initiator: Any IDOC staff member;
- Facilitator: The Offender Placement Group; and

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- End date: Cannot exceed 12 months.

**Persistent Sexual Activity (PREA)** — The offender has been caught in consensual sexual activities several times.

- Initiator: The IDOC PREA coordinator;
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD.

**Predatory Offender (PREA)** — The offender poses a significant risk of sexual violence toward staff or other offenders to the extent that the offender must be placed in a restrictive housing environment.

- Initiator: The IDOC PREA coordinator;
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD.

**Staff Compromise** — The offender has a documented history of compromising or attempting to compromise staff or contract staff.

- Initiator: IDOC Office of Professional Standards (OPS);
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD.

### Process Steps

In accordance with the seven (7) 'other caution categories' described above, the identified initiator and facilitator shall process other cautions in accordance with the following process steps:

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Initiator	1	<ul style="list-style-type: none"> <li>• Complete appendix D, <a href="#">Other Caution Request Form</a>; and</li> <li>• Email it to the Offender Placement Group.</li> </ul>
Offender Placement Group	2	Review the completed <i>Other Caution Request Form</i> for accuracy and completeness. <b>Note: If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)</b>
Offender Placement Group	3	<b>Using the completed <i>Other Caution Request Form</i>, enter corresponding data into the Corrections Integrated System (CIS).</b>
Offender Placement Group	4	<ul style="list-style-type: none"> <li>• Complete the 'Offender Placement Group' section of the form; and</li> <li>• Save an electronic copy of the form.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

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## 5. Safety Concerns

### **Safety Concern Categories**

Safety concerns consist of the following three (3) categories, with each category having a specific initiator, facilitator, and end date.

**Note:** For the purpose of this SOP only, a safety concern shall be defined as: a situation or circumstance (such as a conflict of interest) associated with the placement of an offender that may compromise the safe, secure operation of a facility **or** the safety of an individual(s).

**Offender Conflict** — When the offender has a documented conflict with an offender or offenders that warrants consideration prior to transport. (A formal investigation must validate the safety threat[s].)

- Initiator: Any IDOC staff member;
- Facilitator: The Offender Placement Group; and
- End date: The end date is determined by the earliest FTRD of the offender(s) involved.

**Staff Conflict** — When the offender has a documented conflict with an employee or contractor that would warrant consideration prior to transport. (The initiator may need to complete a *Relationship Disclosure Form*.)

- Initiator: An IDOC manager;
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD; however, the end date can be adjusted to reflect the employee or contractor's employment termination date.

**Self-injurious Behavior or Thoughts** — When the offender has a documented history of self-injurious behavior or thoughts.

- Initiator: Healthcare services staff;
- Facilitator: The Offender Placement Group; and
- End date: The offender's FTRD.

### **Process Steps**

In accordance with the three (3) 'safety concern categories' described above, the identified initiator and facilitator shall process safety concerns in accordance with the following process steps:

**Note:** The process steps for each category are generally the same, with the exception being 'staff conflict'.

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
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<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Initiator</b>	<b>1</b>	<ul style="list-style-type: none"> <li>Complete appendix E, <a href="#">Safety Concern Form</a>; and</li> <li>Email it to the Offender Placement Group. (The process continues at step 2B.)</li> </ul>
		<b>Note:</b> If the safety concern is of the 'staff conflict' category, review the subsection below titled 'Relationship Disclosure Form Criteria' and if appropriate, complete a <a href="#">Relationship Disclosure Form</a> , and forward it to the deputy chief of the Prisons Bureau. (The process continues at step 2A.)
<b>Deputy Chief Prisons Bureau (or Designee)</b>	<b>2A</b>	Review the completed <i>Relationship Disclosure Form</i> and advise the initiator and/or Offender Placement Group as necessary.
		<b>Note:</b> If any required information is missing or inaccurate, return the form to the initiator for correction. (The process ends here.)
<b>Offender Placement Group</b>	<b>2B</b>	Review the completed <i>Safety Concern Form</i> for accuracy and completeness.
		<b>Note:</b> If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected. When the information is supplied or corrected, proceed to step 3.)
Offender Placement Group	<b>3</b>	<b>Using the completed <i>Safety Concern Form</i>, enter corresponding data into the Corrections Integrated System (CIS).</b>
Offender Placement Group	<b>4</b>	<ul style="list-style-type: none"> <li>Complete the 'Offender Placement Group' section of the form; and</li> <li>Save an electronic copy of the form.</li> </ul>

**For further assistance with CIS, see your designated CIS super user.**

### ***Relationship Disclosure Form Criteria***

If you (the initiator) are filing a *Safety Concern Form* (appendix E) due to a staff conflict (as described in this section), also file a [Relationship Disclosure Form](#) (in accordance with the process steps in this section) if any of the following criteria is met:

- The offender is your blood relative or a close family relation (e.g., legal spouse, common-law spouse, significant other, fiancé, fiancée, ex-spouse, ex-in-law);
- You or a close family relation (e.g., legal spouse, common-law spouse, significant other, fiancé, fiancée, ex-spouse, ex-in-law ) are the offender's victim;
- You provided testimony against the offender (other than work-related) or were a juror in the offender's trial;
- You and the offender had a prior relationship (other than being a schoolmate or acquaintance); or
- You were compromised or assaulted by the offender, or other circumstances exist that would compromise your safety with the offender.

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## 6. Medical Considerations

### ***Medical Consideration Categories***

Medical considerations consist of the following 13 categories, with each category having a specific initiator, facilitator, and end date.

**Cane** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Cotton Blanket** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Crutches** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Gym or Recreation Restriction** — When the offender has a documented condition that would require restricted access or participation in any type of recreational activity.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Handicap Access Required** — When the offender has a documented condition that would require handicap accommodations.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Hearing Impaired** — When the offender has a documented hearing impairment.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and

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- End date: The offender's FTRD.

**Lower Bunk** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Lower Level or Tier** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Other** — When the offender has a documented condition that would require the use of this item or accommodation. Written justification is required by the initiator.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Oxygen Dependent** — When the offender has a documented condition that would require the use of this item or accommodation. Written justification is required by the initiator.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: Cannot exceed 12 months.

**Vision Impaired** — When the offender has a documented vision impairment.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: The offender's FTRD.

**Walker** — When the offender has a documented condition that would require the use of this item or accommodation.

- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

**Wheelchair** — When the offender has a documented condition that would require the use of this item or accommodation.

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- Initiator: Healthcare service staff;
- Facilitator: A designated healthcare services staff member; and
- End date: As determined by the attending healthcare professional based on the offender's medical condition.

### **Process Steps**

In accordance with the 13 'medical consideration categories' described above, the identified initiator and facilitator shall process medical considerations in accordance with the following process steps:

<b>Functional Roles and Responsibilities</b>	<b>Step</b>	<b>Tasks</b> <b>CIS steps are in bold</b>
<b>Healthcare Services Staff</b>	<b>1</b>	<ul style="list-style-type: none"> <li>• Complete appendix F, <i>Medical Consideration Request Form</i>; and</li> <li>• Email it to the designated healthcare services staff member.</li> </ul>
<b>Designated Healthcare Services Staff Member</b>	<b>2</b>	Review the completed <a href="#">Medical Consideration Request Form</a> for accuracy and completeness. <b>Note: If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)</b>
Designated Healthcare Services Staff Member	<b>3</b>	<b>Using the completed <i>Medical Consideration Request Form</i>, enter corresponding data into the Corrections Integrated System (CIS).</b>
Designated Healthcare Services Staff Member	<b>4</b>	<ul style="list-style-type: none"> <li>• Complete the 'designated healthcare services staff' section of the form; and</li> <li>• Save an electronic copy of the form.</li> </ul>

**For further assistance with CIS, see your designated CIS super user.**

## **7. Mental Health Considerations**

### **Mental Health Consideration Categories**

Mental health considerations consist of the following six (6) categories, with each category needing to be initiated by mental health services staff **and** facilitated by a designated mental health services staff member. All end dates are determined by the attending mental healthcare professional based on the offender's mental health condition.

- Acute correctional mental health services (ACMHS)
- Correctional mental health services (CMHS)
- Intermediate correctional mental health services (ICMHS)
- Mental health clear (MHC) - no prior treatment in the IDOC
- Mental health medically necessary (MHMN)
- Mental health prior (MHP)



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### Process Steps

In accordance with the six (6) 'mental health consideration categories' listed above, mental health considerations shall be processed in accordance with the following process steps:

Functional Roles and Responsibilities	Step	Tasks CIS steps are in bold
Mental Health Services Staff	1	Complete an individual mental health assessment to determine the appropriate level of care (LOC) designation for the offender.
Designated Mental Health Services Staff Member	2	Review the mental health assessments for accuracy and completeness. <b>Note:</b> If any required information is missing or inaccurate, return the request to the initiator for correction. (The process ends here until the information is supplied or corrected.)
Designated Mental Health Services Staff Member	3	<b>Using the completed mental health assessments, enter corresponding data into the Corrections Integrated System (CIS).</b>
Designated Mental Health Services Staff Member	4	<ul style="list-style-type: none"> <li>• Ensure all sections of the mental health assessments are completed; and</li> <li>• File the assessments in the offender's healthcare record.</li> </ul>

For further assistance with CIS, see your designated CIS super user.

### REFERENCES

Appendix A, [Transportation Hold Request Form](#)

Appendix B, [Transportation Caution Request Form](#)

Appendix C, [Sex Offender Caution Request Form](#)

Appendix D, [Other Caution Request Form](#)

Appendix E, [Safety Concern Form](#)

Appendix F, [Medical Consideration Request Form](#)

Idaho Code, Title 18, Chapter 83, Section 18-8304, *Application of Chapter Relationship Disclosure Form*

Standard Operating Procedure [319.02.01.001](#), *Restrictive Housing*

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